

Automatic Bank Draft Authorization



4254 Saw Mill Run Blvd., Pittsburgh, PA 15227

Complete this form to (1) add standing instructions for future use, (2) update existing bank account information, or (3) to transfer funds from your bank account to your GBU Financial Life (GBU Life) life insurance policy or annuity.

Owner First Name	Owner Last Name	Joint Owner First Name	Joint Owner Last Name
Street Address		City	State ZIP
Phone		Email	

Contribution/Premium Payment to GBU Life Policy

Funds will be transferred from your bank account below to your GBU Life policy or annuity. Complete the below for one or more policies as applicable.

- Funds may be withdrawn up to 48 hours prior to specified start date.

Policy Number	Payment Amount	Start Date*
Frequency (select one)		
<input type="checkbox"/> One Time	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually	

Optional. Fill out the below, if applicable:

Policy Number	Payment Amount	Start Date*
Frequency (select one)		
<input type="checkbox"/> One Time	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually	

Policy Number	Payment Amount	Start Date*
Frequency (select one)		
<input type="checkbox"/> One Time	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually	

*The start date selected must be between the 1st and 28th of the month.

Provide your banking information below.

Select one:

- Use current bank account information previously provided to GBU Life.
- Use new/updated bank information (attach a voided check or provide bank information below).

Bank Name	Bank City	Bank State
ABA Routing Number	Account Number	Account Type
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Continues on next page.

Signature and Disclosures

By signing below, I understand that (1) this authorization will remain in effect until I revoke it by contacting GBU Life; (2) it will apply to any future bank accounts I may designate; and (3) notice of debit amounts will not be mailed. Premiums paid to GBU Life will appear on the bank statement.

This form must be received at least five (5) days prior to the requested start date to ensure timely processing.

Owner Signature	Date

Joint Owner Signature	Date